



GSD-12 GENERAL SOURCE DATA— AFFIDAVIT OF NONAPPLICABILITY

State Form 51600 (R / 9- 04)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch

100 N. Senate Avenue

Indianapolis, IN 46204

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Facsimile Number: (317) 232-6749

[Http://www.IN.gov/idem/air/permits/index.html](http://www.IN.gov/idem/air/permits/index.html)



NOTES:

- The purpose of GSD-12 is to certify that the requirement to notify adjacent landowners and occupants is not applicable to the source of air pollutant emissions.
- Detailed instructions for this form are available online at <http://www.IN.gov/idem/air/permits/apps/instructions/gsd13instructions.pdf>.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly, will result in your information becoming a public record, available for public inspection.

FOR OFFICE USE ONLY

PERMIT NUMBER:

PART A: Affidavit Of Nonapplicability

Complete this form to certify that the requirement to notify adjacent landowners and occupants pursuant to Indiana Code (IC) 13-15-8 is not applicable to the source of air pollutant emissions. This form must be notarized by a public notary.

_____, being first duly sworn upon oath, deposes and says:

1. I live in _____ County, State of _____, and being of sound mind and over twenty-one (21) years of age, I am competent to give this affidavit.
2. I hold the position of _____ for _____ (permit applicant's or facility's name).
3. By virtue of my position with _____ (permit applicant's name), I am authorized to make the representation contained in this affidavit on behalf of the facility.
4. I understand that the notice requirements of Ind. Code § 13-15-8 do not apply to _____ (permit applicant's or facility's name) for purposes of the accompanying permit application.

5. Further Affiant Saith Not.

I affirm under the penalty for perjury that the representations contained in this affidavit are true, to the best of my information and belief.

Name (Typed)

Title

Signature

Date

STATE OF _____

COUNTY OF _____

PART B: Notarization

This section must be completed by a Public Notary.

Before me a notary Public in and for said County and State, personally appeared _____, and being first duly sworn by me upon oath, says that the fact stated in the foregoing instrument are true. Signed and sealed this _____ of _____, 20 _____.

Printed: _____

My Commission Expires: _____

Residence of _____ County